

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A. BOONE		07-12-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Jan	852	08-12-01
RESPONSE FORMALITY REVIEW	Zm	927	10-10-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	07-12-01
2	✓	✓	
3	0	0	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	0	0	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	0	0	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	0	0	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	0	0	
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	0	0	
28	✓	✓	
29	✓	✓	
30	✓	✓	
31	0	0	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	0	0	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	0	0	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	0	0	
56	✓	✓	
57	✓	✓	
58	✓	✓	
59	✓	✓	
60	0	0	
61	✓	✓	
62	✓	✓	
63	✓	✓	
64	✓	✓	
65	0	0	
66	✓	✓	
67	✓	✓	
68	✓	✓	
69	✓	✓	
70	0	0	
71	✓	✓	
72	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

804
08/17/01
373
10-10-01